

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-590426

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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13	<i>Cancel</i>					
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TOTAL IND.	<i>2</i>		↓		↓	
TOTAL DEP.	<i>12</i>		←		←	
TOTAL CLAIMS	<i>14</i>		████████		████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS			████████		████████	